

CERTIFICATE OF ACCOUNTIBILITY FOR ELAPSED TIME

(NAVMC 11108)

1. NAME (Last, First, Middle Initial) (Print or type)

2. GRADE

3. SSN

4. ORGANIZATION AND STATION

5. ITINERARY

a. DATE 20____		c. PLACE (Home, Office, Base, Activity City and State; City and County, etc.)	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	g. POC MILES	
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
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	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

6.a. CLAIMANT SIGNATURE / DATE

b. SNM REPORTED ABOARD AT _____ ON _____.
(TIME) (DATE)

7. APPROVING OFFICER SIGNATURE

TEMINS Report of Elapsed Time

Accession Pipeline

Det_____	Det_____	Det_____	Det_____
PR_____	DE_____	DE_____	_____
DE_____	TR_____	TD_____ +	_____
TR_____	TD_____ *	TR_____ *	_____
TD_____ *			

* Note: Systems Logic requires the first day of TDY be reported as TD 01 for TDY of more than 45 Days.

+ The entire period of permissive TD for recruiters assistance must be reported for BAS purposes for those Marines in the accession pipeline.